



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY NAME/ADDRESS

NAME U. S. Steel Fairless Hills Facility

CLIENT U. S. Steel Corporation

ADDRESS 1 Ben Fairless Drive
Fairless Hills, PA 19030-5012

LOCATION Falls Township
Bucks County

WATERSHED 2-E

PA0013463

PERMIT NUMBER

002

OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Reporting Frequency: Semi-Annually

DMR Effective From: December 1, 2021

DMR Effective To: November 30, 2026

Permit Expires: November 30, 2026

Permit Application Due: June 3, 2026

☐ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Oil and Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Aluminum, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Cadmium, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			AREA CODE	NUMBER
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")				



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Chromium, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Copper, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Iron, Dissolved	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Iron, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Lead, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Nickel, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total	SAMPLE MEASUREMENT			XXX				mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			1/6 months	Grab
PCBs Dry Weather Analysis	SAMPLE MEASUREMENT			XXX				pg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			1/6 months	24-Hr Composite
PCBs Wet Weather Analysis	SAMPLE MEASUREMENT			XXX				pg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			1/6 months	24-Hr Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT			MGD				XXX			
	PERMIT REQUIREMENT	Report Avg Mo	XXX		XXX	XXX	XXX			2/month	Estimate
pH	SAMPLE MEASUREMENT			XXX				S.U.			
	PERMIT REQUIREMENT	XXX	XXX		6.0 Inst Min	XXX	9.0 IMAX			2/month	Grab
Temperature (deg F)	SAMPLE MEASUREMENT			XXX				°F			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	110 IMAX			2/month	I-S
Oil and Grease	SAMPLE MEASUREMENT			XXX				mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	15.0 Avg Mo	XXX			2/month	Grab

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pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	S. U.		1/6 months	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Oil and Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Aluminum, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Cadmium, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Copper, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Iron, Dissolved	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Iron, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Lead, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Nickel, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total	SAMPLE MEASUREMENT			XXX				mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			1/6 months	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	S.U.		1/6 months	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Oil and Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Iron, Dissolved	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Report Avg Mo	XXX	MGD	XXX	XXX	XXX	XXX		Continuous	Measured
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Inst Min	XXX	9.0 IMAX	S.U.		1/day	Grab
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.31 Avg Mo	0.5 IMAX	mg/L		1/day	Grab
Color (Pt-Co Units)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	100 IMAX	Pt-Co Units		1/week	Grab
Temperature (deg F)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	110 IMAX	°F		1/day	I-S
Biochemical Oxygen Demand (BOD5)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	XXX	7.5 Avg Mo	Report Daily Max	mg/L		1/week	24-Hr Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Biochemical Oxygen Demand (BOD5) Intake	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	Report Daily Max			1/week	24-Hr Composite
BOD5 Minimum % Removal Percent Removal	SAMPLE MEASUREMENT			%				XXX			
	PERMIT REQUIREMENT	88.5 Avg Mo	XXX		XXX	XXX	XXX			1/week	Calculation
Total Suspended Solids	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	486 Avg Mo	1116 Daily Max		XXX	30.0 Avg Mo	Report Daily Max			1/week	24-Hr Composite
Total Dissolved Solids	SAMPLE MEASUREMENT			XXX				mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	1100 Avg Mo	2200 Daily Max			2/month	24-Hr Composite
Oil and Grease	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	247 Avg Mo	463 Daily Max		XXX	Report Avg Mo	Report Daily Max			1/week	Grab
Aluminum, Total	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	Report Daily Max			1/month	24-Hr Composite

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DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY NAME/ADDRESS

NAME U. S. Steel Fairless Hills Facility

CLIENT U. S. Steel Corporation

ADDRESS 1 Ben Fairless Drive
Fairless Hills, PA 19030-5012

LOCATION Falls Township
Bucks County

WATERSHED 2-E

PA0013463				103			
PERMIT NUMBER				OUTFALL NUMBER			

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

Reporting Frequency: Monthly

DMR Effective From: December 1, 2021

DMR Effective To: November 30, 2026

Permit Expires: November 30, 2026

Permit Application Due: June 3, 2026

☐ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, Total	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	4.06 Avg Mo	5.49 Daily Max		XXX	Report Avg Mo	Report Daily Max			1/week	24-Hr Composite
Zinc, Total	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	18.23 Avg Mo	21.17 Daily Max		XXX	Report Avg Mo	Report Daily Max			1/week	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")						



PRIMARY FACILITY NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME U. S. Steel Fairless Hills Facility

CLIENT U. S. Steel Corporation

ADDRESS 1 Ben Fairless Drive
Fairless Hills, PA 19030-5012

LOCATION Falls Township
Bucks County

WATERSHED 2-E

PA0013463

PERMIT NUMBER

103

OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Reporting Frequency: Annually

DMR Effective From: December 1, 2021

DMR Effective To: November 30, 2026

Permit Expires: November 30, 2026

Permit Application Due: June 3, 2026

☐ Check Here if No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
PCBs Dry Weather Analysis	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	pg/L		1/year	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE	DATE		
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COMMENTS (Report all violations on the "Non-Compliance Reporting Form")						



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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME U. S. Steel Fairless Hills Facility

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Bucks County

WATERSHED 2-E

PA0013463

PERMIT NUMBER

103

OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Reporting Frequency: Quarterly

DMR Effective From: December 1, 2021

DMR Effective To: November 30, 2026

Permit Expires: November 30, 2026

Permit Application Due: June 3, 2026

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ammonia-Nitrogen	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	Report Avg Qrtly	XXX		XXX	20.0 Avg Qrtly	XXX			1/quarter	24-Hr Composite
Toxicity, Chronic - Ceriodaphnia Survival	SAMPLE MEASUREMENT			XXX				TUc			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			See Permit	24-Hr Composite
Toxicity, Chronic - Ceriodaphnia Reproduction	SAMPLE MEASUREMENT			XXX				TUc			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			See Permit	24-Hr Composite
Toxicity, Chronic - Pimephales Survival	SAMPLE MEASUREMENT			XXX				TUc			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			See Permit	24-Hr Composite
Toxicity, Chronic - Pimephales Growth	SAMPLE MEASUREMENT			XXX				TUc			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Daily Max			See Permit	24-Hr Composite

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BUREAU OF CLEAN WATER
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DISCHARGE MONITORING REPORT (DMR)

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Fairless Hills, PA 19030-5012
 LOCATION Falls Township
Bucks County
 WATERSHED 2-E

PA0013463
 PERMIT NUMBER

203
 OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Reporting Frequency: Semi-Annually
 DMR Effective From: December 1, 2021
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	24-Hr Composite
Lead, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	24-Hr Composite
Zinc, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	24-Hr Composite

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TYPED OR PRINTED			AREA CODE	NUMBER
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PA0013463
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203
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
PCBs Dry Weather Analysis	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	pg/L		1/year	24-Hr Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Report Avg Mo	XXX	MGD	XXX	XXX	XXX	XXX		Continuous	Measured
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Inst Min	XXX	9.0 IMAX	S.U.		1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	4.0 Inst Min	XXX	XXX	mg/L		1/day	Grab
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.2 IMAX	mg/L		1/day	Grab
Color (Pt-Co Units)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report IMAX	Pt-Co Units		1/month	24-Hr Composite
Biochemical Oxygen Demand (BOD5) Raw Sewage Influent	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Report Avg Mo	XXX	lbs/day	XXX	Report Avg Mo	Report Daily Max	mg/L		1/week	24-Hr Composite

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BUREAU OF CLEAN WATER
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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Bucks County

WATERSHED 2-E

PA0013463				203			
PERMIT NUMBER				OUTFALL NUMBER			

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YEAR	MO	DAY		TO	YEAR	MO	DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Biochemical Oxygen Demand (BOD5)	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	34 Avg Mo	XXX		XXX	25 Avg Mo	XXX			1/week	24-Hr Composite
BOD5 Minimum % Removal Percent Removal	SAMPLE MEASUREMENT			%				XXX			
	PERMIT REQUIREMENT	88.5 Avg Mo	XXX		XXX	XXX	XXX			1/week	Calculation
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	Report Avg Mo	XXX		XXX	Report Avg Mo	Report Daily Max			1/week	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	41 Avg Mo	XXX		XXX	30 Avg Mo	XXX			1/week	24-Hr Composite
Total Dissolved Solids	SAMPLE MEASUREMENT			XXX				mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Avg Mo	Report Daily Max			1/month	24-Hr Composite
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT			XXX				No./100 ml			
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1000 IMAX			1/week	Grab

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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Bucks County
WATERSHED 2-E

PA0013463				203			
PERMIT NUMBER				OUTFALL NUMBER			

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	200 Geo Mean	1000 IMAX	No./100 ml		1/week	Grab
Ammonia-Nitrogen	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	27 Avg Mo	XXX	lbs/day	XXX	20.0 Avg Mo	XXX	mg/L		1/month	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	Report Avg Mo	XXX	mg/L		1/month	24-Hr Composite

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BUREAU OF CLEAN WATER
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Fairless Hills, PA 19030-5012

LOCATION Falls Township
Bucks County

WATERSHED 2-E

PA0013463

PERMIT NUMBER

303

OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Reporting Frequency: Semi-Annually

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	S. U.		1/6 months	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Oil and Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
Iron, Dissolved	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

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Bucks County

WATERSHED 2-E

PA0013463

PERMIT NUMBER

403

OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Report Avg Mo	XXX	MGD	XXX	XXX	XXX	XXX		Continuous	Measured
Chromium, Hexavalent	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	0.107 Avg Mo	0.320 Daily Max	lbs/day	XXX	Report Avg Mo	Report Daily Max	mg/L		1/week	24-Hr Composite
Chromium, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	0.71 Avg Mo	2.14 Daily Max	lbs/day	XXX	0.1 Avg Mo	0.3 Daily Max	mg/L		1/month	24-Hr Composite
Copper, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	0.71 Avg Mo	2.14 Daily Max	lbs/day	XXX	0.1 Avg Mo	0.3 Daily Max	mg/L		1/month	24-Hr Composite
Lead, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1.39 Avg Mo	4.17 Daily Max	lbs/day	XXX	Report Avg Mo	Report Daily Max	mg/L		1/week	24-Hr Composite
Nickel, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1.43 Avg Mo	3.21 Daily Max	lbs/day	XXX	0.2 Avg Mo	0.45 Daily Max	mg/L		1/month	24-Hr Composite

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TYPED OR PRINTED			AREA CODE	NUMBER
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BUREAU OF CLEAN WATER
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DISCHARGE MONITORING REPORT (DMR)

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PA0013463
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	1.46 Avg Mo	4.37 Daily Max		XXX	Report Avg Mo	Report Daily Max			1/week	24-Hr Composite
Naphthalene	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	XXX	0.080 Daily Max		XXX	XXX	Report Daily Max			1/week	Grab
Tetrachloroethylene	SAMPLE MEASUREMENT			lbs/day				mg/L			
	PERMIT REQUIREMENT	XXX	0.120 Daily Max		XXX	XXX	Report Daily Max			1/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			AREA CODE	NUMBER
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")				



INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. If required by your permit, you must use Department of Environmental Protection's (DEP's) [[HYPERLINK "http://www.dep.pa.gov/edmr"](http://www.dep.pa.gov/edmr)] to submit results. If you are required to use eDMR, these physical forms should only be used under the following circumstances:

1. For a permittee that is not yet using the eDMR system, the permittee shall submit a physical copy of a DMR to the DEP regional office that issued the permit during the interim period between the submission of registration and trading partner agreement forms to DEP and DEP's notification to begin using the eDMR system.
2. For any permittee, as a contingency a physical DMR may be mailed to the DEP regional office that issued the permit if there are technological malfunction(s) that prevent the successful submission of a DMR through the eDMR system. In such situations, the permittee shall submit the DMR through the eDMR system within 5 days following remedy of the malfunction(s).

You should make copies of the DMRs for your ongoing use, unless you participate in the eDMR program.

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally monthly, quarterly, semi-annually and annually.
- Your reports must be received by DEP on the 28th day of the month following the end of the reporting period, unless otherwise specified in Part C of your permit.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. **DO NOT make changes to DMRs issued to you.**
- You may use computer-generated replicas of Form No. 3800-FM-BCW0462 if you receive prior approval from DEP. **DEP reserves the right to instruct you to discontinue the submission of computer-generated DMRs if the permit requirements you entered on the form are inaccurate.**

Instructions

1. Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
2. Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U. (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into the "NO. EX" field.
3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.

5. In the Comments section at the bottom of the DMR, you may write a brief summary of violations in this section; however, DEP requests that all violations during the monitoring period be reported in more detail on DEP's **Non-Compliance Reporting Form** (3800-FM-BCW0440) and be submitted as an attachment to the DMR. Other uses of the Comments Section include explanations of attachments to the DMR, explanations for the unavailability of data, and brief summaries of issues that have affected operations or effluent quality during the monitoring period. Always consider attaching a letter or separate document to explain your situation in more detail.

No Discharge or No Data Available

If there was no discharge at all from an outfall during the monitoring period, check the "No Discharge" box on the top of the DMR. Complete the information above and below the table and mail the DMR to the appropriate agencies. Be sure to sign and date the DMR.

If there was no discharge of a specific parameter (e.g., if a chlorine limit is in the permit but chlorine was not used for disinfection during the entire reporting period), or if data are not available for a specific parameter for the entire reporting period, do not leave the DMR blank. Instead, report one of the following No Data Indicator (NODI) codes that apply to your situation in the appropriate value field, and **provide an explanation as an attachment to the DMR**:

- E** All samples or results are not available due to analytical equipment failure, because a sample collection was overlooked, or samples could not be collected for the parameter during the reporting period. Use of this NODI code results in a violation.
- GG** Use if your permit requires sample collection and analysis only under certain conditions and those conditions were not met during the reporting period (e.g., report chlorine results only when chlorination system is used). This includes non-representative outfalls.
- FF** No Data, not covered by NODI codes "E" or "GG." Use in extenuating circumstances where the reason for the absence of data is not covered by NODI codes "E" or "GG." Use of this NODI code results in a violation.

If you have at least one result for a parameter, the value should be reported and not a NODI code.

Note: When the "E" and "FF" NODI codes are used, a comment explaining the violation is required and the Non-Compliance Reporting Form (3800-FM-BCW0440) must accompany the DMR.

Calculations

The following explains how to calculate statistical values that are commonly required by permits:

Monthly Average – For Loading (lbs/day), sum the total of daily loadings and divide by the number of samples during the month. To calculate the daily loading, multiply the daily concentration (mg/l) by the flow (MGD) on the date of sampling and a conversion factor of 8.34. For Concentration, sum the total of daily concentrations and divide by the number of samples.

Weekly Average – For Loading (lbs/day), sum the total of average daily loadings during each week of the reporting period (beginning on a Sunday and ending on a Saturday) and divide by the number of samples during the week. For Concentration, sum the total of daily concentrations each week and divide by the number of samples. Report the maximum weekly average on the DMR.

Maximum Daily ("Daily Max") – Report the maximum concentration or load measured during a 24-hour period during the reporting period; if multiple measurements are taken daily, include all data in the analysis.

Instantaneous Maximum ("IMAX") – Report the maximum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Instantaneous Minimum ("Minimum") – Report the minimum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Total Monthly Load (lbs) – Sum the total of average daily loadings, divide by the number of samples during the month, and multiply by the number of days in the month.

Geometric Mean – Report the average of a set of n sample results given by the n th root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

Non-Detect Data

Conventional and Toxic Parameters

For calculating average values of data sets in which there are some “detections” (results at or above the laboratory quantitation limit) and some “non-detect” data (results reported below the laboratory quantitation limit), use the value of the quantitation limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Estimated values (i.e., values flagged with a “J” qualifier) should not be used for compliance purposes.

Bacteria Parameters

Report all “non-detect” (e.g., < 2) and “too numerous to count” (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report “TNTC” on supplemental forms, but instead report a value qualified with the “>” symbol. Where a data set includes one or more “non-detect” and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both “>” and “<” qualifiers, the “>” qualifier takes precedence for reporting. For all “non-detect” values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory. Note that DEP considers a DMR with reported values qualified by the “>” symbol for bacteria parameters to be a non-compliance.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as < $(2 \cdot 10 \cdot 20 \cdot 30)^{0.25} = < 10$. Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as > $(2 \cdot 1,000 \cdot 2,000)^{0.333} = > 158$.

Rounding and Precision

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

DEP’s “Discharge Monitoring Reports: A Guide to Electronic and Paper DMR Reporting” (3800-BK-DEP3047) publication contains more information and are incorporated by reference. This document is available on DEP’s website.